

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
91927939
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1					
3		1		1		
4		1		1		
5		1		1		
6		2		1		
7		2		1		
8		2		1		
9		1		1		
10		1		1		
11	1		1			
12		1		1		
13	1			1		
14		2		1		
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39	1			1		
40		2		1		
41		2		1		
42				1		
43				1		
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49						
50						
TOTAL IND.	25		2			
TOTAL DEP.	23		9			
TOTAL CLAIMS	52		11			

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						